

ESSEX EDUCATION COMMITTEE.

REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1939.

CHELMSFORD :

Printed by John Dutton, Ltd., 8, Tindal Street and 91, High Street.

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PREFACE.

To the Chairman and Members of the Essex Education Committee.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Thirty-first Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1939, for that part of the Administrative County of Essex for which the County Council is the Education Authority.

Owing to the abnormal conditions arising out of the war and the urgent need for economy, &c., this report has been considerably curtailed at the suggestion of the Board of Education.

I wish again to express my sincere thanks to the Chairmen and Members of the Education and School Medical Committees for their kindly advice and assistance and the Chief Education Officer, District Clerks, Head Teachers and the Medical, Dental, Nursing and Clerical Staffs for invaluable co-operation and assistance.

I particularly desire to thank the Deputy County Medical Officer, Dr. T. P. Puddicombe, for compiling this report and for his help throughout the year.

W. A. BULLOUGH,

School Medical Officer.

July, 1940.

ESSEX EDUCATION COMMITTEE.

**ANNUAL REPORT OF THE SCHOOL MEDICAL
OFFICER FOR THE YEAR 1939.**

1. Area, Population and Staff.

(a) *Area and Population.* The population of the Geographical County of Essex, according to the Registrar-General's estimate for 1938 was 1,917,600. This includes (1) Administrative County within which the Essex County Council is responsible for (a) Elementary (and also Higher) Education 807,350 ; (b) Higher Education only 587,750, and (2) County Boroughs 522,500.

In July, 1939, there were, in the Administrative County Area, 458 Elementary Schools with 552 Departments, with an average attendance of 94,307, 22 Secondary Schools with 9,216 on books, 4 Technical Colleges with 2,085 on books, 7 Deficiency Aided Schools with 2,170 on books and 9 other recognised Schools with 2,075 on books.

(b) *Staff.* Two additional Medical Officers, two Dental Surgeons with Attendants and two School Nurses were appointed. Two Medical Officers resigned on taking up other appointments and their places were not filled by the end of the year.

On the outbreak of hostilities, various re-arrangements were necessitated owing to the calling to the Forces of two Medical Officers, one Ophthalmic Surgeon and two Dental Surgeons.

2. Co-ordination of Health Work.

(a) *Medical Services.* General co-operation between the Staff of the Public Health and School Medical Services has continued, and this was of particular advantage in the last quarter of the year in dealing with the problem resulting from Evacuation.

(b) *Nursing Services.* These have been operated on similar lines to previous years, including Health Visitors acting for all purposes, together with a proportion of School Nurses, the equivalent of whole-time School Nurses being 34.

(c) *Maternity and Child Welfare Services.* Expansion of these services as circumstances required have continued, the total number of Centres being Child Welfare 112, Ante-Natal 28 and Women's Welfare 8.

(d) *Care of Delicate Children under School Age.* Attention to the health of the pre-school child continues, and all the Special Services are available for those needing attention.

3. School Hygiene and Problems of Evacuation and Reception.

In the area for which the Essex Education Committee is responsible, both the problems of evacuation and reception have been experienced. From the 1st to the 4th of September, 1939, approximately 18,000 children were evacuated into Essex Reception Areas from the Metropolitan Area, including children from London, Leyton, Edmonton, Tottenham, West Ham and Wood Green. Included in the number were some 3,000 children evacuated from Chingford, Hornchurch, Wanstead, Woodford and Waltham Abbey (Essex Education Areas).

It is estimated that from 2,000 to 3,000 children were received as private evacuees.

Some 12,000 children from the Administrative County of Essex were evacuated from the Dagenham and Thurrock districts to Suffolk and Norfolk, leaving as a rough estimate an increase of 6,000 school children in excess of normal in the Essex Education area. During the period of evacuation and reception the services of the County Medical and Nursing Staffs were as far as possible at the disposal of Medical Officers of Health for assistance in review of children on arrival, when quick reviews of the children were carried out at Detraining Centres, &c., with a view to following up any found unsatisfactory. In practice these reviews were not satisfactory, largely due to the lack of suitable accommodation and the necessity for quick clearance from Detraining Centre to billeting area. There is no doubt that the main line of defence against transfer of unsuitable cases should be in the evacuating area by rigid inspection prior to evacuation.

From the outbreak of hostilities ordinary routine school Medical Inspection was terminated and School Medical Inspectors co-operated with the Medical Officers of Health with a view to the prevention of infectious illness; quick reviews of the children were made at the schools, &c., and treatment arranged at the Clinics. Routine inspections were resumed early in 1940.

Experience showed that it was necessary to establish additional temporary clinics and examination centres. Sixteen temporary Minor Ailment Clinics were arranged. Certain reorganisation of the School Medical, Dental and Nursing staffs was necessary mainly to deal with the evacuated children in reception areas and deputising for staff called up for military duties.

One Medical Officer, 2 School Nurses, 1 Dental Officer and Attendant were loaned to East Suffolk. One Medical Officer, 10 School Nurses, 1 Dental Officer and Attendant were loaned to Essex from the outside areas evacuating into Essex.

As a consequence of the evacuation, certain Sick Bay accommodation has been provided in the County, together with certain Hostels to deal with difficult children.

During the first few months of the war, the public press and Reception Authorities gave publicity to the unhygienic conditions met with in the case of some evacuees, both adults and children. In some instances, remarks were

made in regard to the failure of propaganda and practice of the Medical and Social Services of the past few years.

Such remarks and the experience of Reception Authorities do certainly call for a careful scrutiny and consideration of the teaching and practice of hygiene and health work in the homes and the schools in the future.

The main point which must receive consideration appear to be a better and more practical teaching of Mothercraft and Child Care in the schools and Public Health Services. Take for instance the question of verminous heads and the present practice, through the School Nurses, of inspecting and cleansing when necessary the neglected. Any future neglect in this respect must be more vigorously brought home to the mothers. In fact, they must be made to understand that it is the parents' duty to keep their children clean and suitable to associate with others, just as much as it is their duty to clothe and feed them efficiently.

It is evident from the results of the examinations of children evacuated after a six weeks' holiday, that their duty is as yet far from being understood by many parents, and it may well be that the arduous and painstaking services of the School Nurses during the school term have tended to foster lack of individual care on the part of some parents. The object must be to see that this grave error is corrected at an early date.

The experience of some teachers who have had this problem to deal with in reception areas has, we trust, armed them with facts which must be most useful and greatly assist them in their instructions to children and parents. The revised edition of "Health Education" issued by the Board of Education should be in the possession of all Head Teachers and be of further assistance to them in Health and Hygiene instruction in schools. This book rightly stresses the necessity of teaching health services in the everyday school work to secure the formation of healthy habits, the development of a right attitude towards health, and the acquisition of the necessary knowledge and practice of healthy ways of living.

4. Medical Inspection.

Statistical tables given at the end of this report have been curtailed. These are in accordance with the instructions of the Board of Education and the figures given in brackets in the tables refer to evacuees.

(a) *Group Inspections.* The three statutory groups were routine inspected up to the end of August. The number of routine inspections is necessarily less than in previous years. The extra group which it was proposed to commence this year did not mature, due to hostilities and cancellation of the extension of school leaving age.

Table I A shows 29,615 inspections. Table I B shows 54,413 special and re-inspections, of which number 6,913 are evacuees.

(b) *Premises.* Two new schools were opened during the year and 8 closed. In addition, 85 temporary quarters were made use of for evacuees.

5. Findings of School Medical Inspection.

(a) *General.* Table II gives the classification of nutritional conditions and the record is good. For comparison, the percentage figures for 1938 are given here :—

	Excellent.	Normal.	Sub-Normal.	Slightly Bad.
1939	4.52	91.34 ..	3.99 ..	0.15
1938	3.89	92.39 ..	3.54 ..	0.18

The percentage of individual children found at routine inspections in need of treatment (exclusive of nutritional, dental and uncleanliness) was 17.4.

6. School Medical Inspectors' Reports.

The following are extracts from the reports :—

(i) *Medical Inspection.* These inspections proceeded smoothly up to September, 1939, when, following the War Emergency, routine inspections were suspended and replaced by rapid surveys of all scholars in Schools as they re-opened. The rapid surveys, whilst most useful in the emergency, are not as satisfactory as the routine inspections, as the parent is not present and thus full medical examinations cannot be made. The majority of Head Teachers have been of great assistance in calling attention to particular children and the attendance of mothers has, on the whole, been good.

(ii) *Dental Treatment.* It would appear advisable to have a more complete following up of refusals of treatment in order to persuade parents to accept, similar to the procedure adopted in other ailments. It is gratifying to note that a number of parents seek treatment for their children without waiting for routine inspections, showing the appreciation of regular dental treatment. The improvement in the condition of the general health of the children is in a measure due to the improving dental service and the readier acceptance of treatment by the parents. Parents are realising the necessity of this treatment and refusals of treatment are decreasing year by year. There are still too many parents who regard dental clinics as arranged for their convenience, for the extraction of aching teeth, and it is still very difficult to instil any idea of conservative treatment into the mind of this type of parent.

Until dental hygiene becomes a universal habit, caries and digestive troubles will remain an abundant source of ill health and expense, and I would like to see tooth brush drill carried out once each day in schools. Difficulty is often experienced in persuading parents that teeth which are not causing pain may yet require attention, and there is still much opposition to fillings.

(iii) *Eye Clinics.* Since the outbreak of war, the clinics have been rather overwhelmed by the number of evacuees requiring attention. There is usually little difficulty in getting mothers to present their children for examination at these clinics.

(iv) *Tonsils and Adenoids.* It is satisfactory to note that the Ear, Nose and Throat Specialist's Clinics continue and there has been less delay in Hospital treatment. Operations for tonsils and adenoids have been very satisfactory in all cases, general health has always improved, and complications such as cervical adenitis and rheumatism have disappeared. A process of conservative treatment of tonsils is always pursued wherever there appears to be a reasonable chance of success without operation.

(v) *Nutrition and Milk in Schools.* The Milk Scheme in Schools has been most beneficial and the resulting improvement in health and work in school has been very apparent in many cases. The provision of milk in schools is much appreciated and the undoubted value of this is easily seen at Medical Inspections and surveys. The reception of children from Urban areas presented an opportunity for comparison, and the general impression given in regard to physique is in favour of the local children.

An increasing number of parents are making use of the facilities for obtaining milk and meals at school, and are constantly expressing their appreciation. The assessment of nutrition is a matter of judgment rather than science, all circumstances being taken into account. In the subnormal a distinct improvement has been noted in most cases after the regular partaking of milk in school, with increased alertness and improvement in school work, noted by the teachers. To get full benefit of the Milk in Schools Scheme, it is necessary to partake of this regularly. Very few cases of malnutrition were found in routine inspections.

Many children do not get sufficient sleep.

(vi) *Orthopaedics.* The examination and after-care clinics continue to be much appreciated with a consequent decrease of deformities amongst the school children, and especially so when Child Welfare supervision has been adequate. The attitude to this treatment is, I think, one of gratitude that expert opinion can be obtained without travelling far afield. The most common defect met with is the various degrees of flat foot.

(vii) *Minor Ailment Clinic.* Attendances at clinics are good, but impetigo cases continue to occur. A number of evacuees have been seen at the Minor Ailment Clinics and satisfactorily dealt with.

These clinics are much appreciated by Head Teachers and parents. In Rural areas there is sometimes a difficulty on account of distance and expense. In reception areas, extra minor ailment clinics have been established with advantage to all.

Much valuable work is done at these clinics in attention to skin and ear conditions.

(viii) *Co-operative School Medical Work.* Co-operation of the Head Teachers has been most valuable. This co-operation, evident before the outbreak of war, has been of great assistance in the difficulties which have arisen during the last quarter of the year.

The assistance of the District Clerks and the untiring help of the School Nurses are appreciated by the School Medical Inspectors.

There is close co-operation between the Medical, Nursing and Teaching Staffs.

(ix) *General.* Talks in schools to older children on hygiene, care of teeth, &c., are producing good results. One Medical Inspector states, after several years in the service that one can appreciate the great difference which is now evident in the general health of the school children. In general they are more alert, better clothed and better nourished. The poorer nourished are always recommended for and provided with extra milk and meals.

In general cleanliness it is satisfactory to record a continued improvement. It is now an exception to find a verminous child, but there are still a few unsatisfactory families who require continual supervision.

The arrival of evacuee children has complicated the cleanliness question. In regard to evacuees the following report of one of the School Medical Inspectors in the reception areas gives some idea of the problem which had to be faced :—

“ It has been very surprising to note the condition of the heads in large numbers of the evacuee children. Many have been infested with vermin, and a great deal of time and work has been devoted to cleansing their heads. In some cases it has been possible to send the children to a cleansing station. I have been informed by Foster Parents that they have combed out vermin in dozens from the children’s heads.

Quite a number of evacuated children have been suffering from anaemia and poor nutrition, and there have been a considerable number requiring treatment for otorrhoea, enlarged tonsils and adenoids, blepharitis and defective vision. Large numbers have been treated for impetigo and this condition has been very persistent in some cases, probably due to a poor state of health. A number of scabies cases have also been treated at the various clinics and most have had to be removed to a Special Hostel for treatment. It is difficult in many cases to carry out the special treatment required, when the child is in a billet.

A general improvement in the health of evacuated children has been noticed. Many have evidently not been used to having regular nourishing meals, and at first in some cases it was found difficult to persuade the children to sit down at the table to an ordinary

nourishing meal ; they stated they would like fish and chips and even these they had been in the habit of eating out of the paper direct from the shop.

On arrival, many showed evidences of poverty at home by the condition of their clothing and footgear, but this has been remedied in most cases. It is a great pity that so many children have been taken home by their parents. It has been very gratifying to notice how much interest has been taken in these children by the foster-parents ; certainly the large proportion has been satisfactory and the foster-parents have displayed their interest in the health of the children under their care by bringing them to the clinics for advice for any ailments noticed. One of the most troublesome conditions among the evacuated children has been Incontinence and Enuresis, and it has been surprising to note that even considerable numbers of the older children have been affected, causing great inconvenience and unpleasantness in the billets, where considerable damage has been done to the bedclothing. Although in some cases the condition appears to be due to weakness, in many cases I am convinced it is due to lack of early training. Complaints have been received also of lack of cleanly habits during the day in the billets. In a number of children marked improvement has been noted after advice has been given and followed out carefully.

As often as possible I visit, at intervals, the Schools in the areas allotted to me and give a general survey of the scholars. Any case requiring treatment is noted and followed up. Dental treatment has also been provided for a number of evacuated children. So far it has only been possible to treat those suffering from tooth-ache, but many require dental treatment for dental caries. Several have also had tonsils and adenoids removed since being evacuated, and a number recently attended an Ear, Nose and Throat Clinic.

A considerable number have also attended refraction clinics and have been provided with spectacles.

A good deal of extra work has been put on to the Health Visitors, but they have worked well and most efficiently as they always do in the discharge of their duties, both in the schools and clinics and in their visits to the homes. Without their help many of the good results achieved would not be obtained ”.

6. Following up.

This has seen no change in the procedure of past years. During this year 34,970 visits were made to the homes by School Nurses and 6,086 visits by District Nurse Midwives.

7. Medical Treatment.

(a) *Minor Ailment Clinics.* The national emergency has, unfortunately, ended for the time being the building of further Combined Treatment Centres and

thus terminated the great progress that was being made throughout the County in this sphere. Similarly the emergency has created certain difficulties in arranging Minor Ailment treatment as a number of the Combined Treatment Centres mainly in connection with those situated in the more populous Neutral and Evacuation areas have been subjected to certain alterations and taken over as First Aid Posts in the casualty service. In some of these, the modifications are such that it has not been possible to use them at all and alternative temporary accommodation has had to be acquired. In other centres, partial use only has been possible. There are 58 Minor Ailment Clinics (16 having been arranged temporarily since September) in use throughout the County. At these Clinics 22,263 individual children have made 44,669 attendances.

(b) *Treatment of Tonsils and Adenoids.* Table IV, Group III, shows there has been no abatement in these conditions needing treatment. 4,209 children received treatment or 68 more than the previous year, and of these 1,886, an increase of 142, received operative treatment, including 1,837 under the Authority's Scheme. Difficulties are still experienced in obtaining early hospital treatment.

(c) *Tuberculosis.* Complete co-operation continues between the County Medical Staff in dealing with any children affected.

During the year 161 children have received periods of sanatorium treatment, pulmonary condition 41, non-pulmonary 105, observation 15.

(d) *Skin Conditions.* There has been an unfortunate increase in the cases of Scabies and Impetigo and this has been especially the case in the last quarter of the year, undoubtedly fostered by the influx of evacuees and the consequent more congested conditions of the child population in reception areas, together with extensive periods of school closure due to the war emergency. This has necessitated increased vigilance and efforts on the part of the School Medical and Nursing Staffs. Special memos on Skin Condition and their treatment have been issued with a view to assisting the Staff in this work.

(e) *External Eye Disease.* 1,247 children have been treated.

(f) *Vision.* Table IV, Group II, shows that 4,445 received treatment, a decrease of 1,067 on the previous year. Glasses were prescribed for 3,032 and 2,743 children are recorded as actually having obtained these.

The above figures may be considered satisfactory in view of the fact that a complete specialist's ophthalmic service was only available up to the outbreak of war, when we were deprived of the full-time services of Mr. G. A. Jamieson, Senior Ophthalmic Specialist, and the part-time services of Mr. R. S. McLatchy, who are on Military Service. The services of Mr. T. Collyer Summers continued to be available at the Oldchurch County Hospital and arrangements have been made for his temporary employment for 2 sessions per week in the School Ophthalmic service. Similarly, arrangements are being made for the employment on a sessional basis, of two other Ophthalmologists who practise in the County, with a view to covering the work which has lapsed by the absence of Mr. Jamieson and Mr. McLatchy. Mr. Young continues in the County service and we are grateful

to him for his assistance in the organisation of the work in the absence of his Senior, and the zeal and energy he shows in this important service.

(g) *Minor Ear Defects.* Table IV, Group I, indicates that 1,534 children received treatment. Mr. C. Hamblen Thomas, F.R.C.S., has continued to hold special clinics as and when required for review of special cases and also reviews cases as required at the Oldchurch County Hospital. A total of 60 children have been examined and arrangements made to follow up to ensure that the treatment advised is carried out.

(h) *Dental Treatment.* Table V details the figures of work carried out for elementary scholars and in this particular section it will be noted much work was carried out for evacuees. Mr. S. K. Donaldson has submitted the following brief report on the work :—

The Committee's policy of building up an efficient full-time service continues to prove its worth, but National Emergency and the influx of evacuees into certain areas have considerably disorganised the annual routine inspection and treatment which was the aim. My report must of necessity be brief, consequently I only touch on the salient points.

During the year the staff was to have been further strengthened by the appointment of two whole-time officers, with attendants, but, unfortunately, one officer was called to the colours before he could take up appointment and, consequently, the attendant's appointment was postponed.

Treatment sessions have also been somewhat interfered with by the National Emergency, and Air Raid warnings at the beginning of the war very often resulted in a complete absence of children from clinics arranged. Again, the conversion of clinic premises to Aid Posts has been a serious loss to the service.

All usual activities of the service designed to popularise and encourage acceptance of complete dental treatment have, as far as possible, been carried out, with the exception of The Dental Board Demonstrations arranged for the Autumn, which were cancelled. There is evidence that the standard of work performed and propaganda carried out are having the desired results.

Children who attend the clinics regularly are well behaved and responsive, but I fear that the nervous tension of war conditions will in time have a detrimental effect on the work carried out.

I had hoped to put forward a scheme which would popularise the treatment of pre-school children with parents. At present the treatment of this section of the population is in my opinion a very vital weakness in our armour. I have also talked with the Dental Officers and made tentative arrangements to investigate, in conjunction with Head Teachers, any improvement in the capacity of children to benefit from education in cases where known backward children had received treatment for gross dental scrosis and decay, but too often it is a case of "the best laid

schemes of mice and men, &c. ", and consequently, a more propitious time will have to be awaited since there are now many factors which would make a true investigation impossible.

In reviewing the statistical table, one must remember three factors which are predominate :—(1) Offieers have gone to the Services. (2) Evacuation and periods of closure of schools and (3) Difficulty of replacement of staff.

Routine inspections are again down in number, but specials show an increase. However, it will be noted that treatment sessions are in excess of inspection sessions. All other figures are proportionately the same as for 1938.

Dental work for other County Health Services has been maintained and the increased number dealt with under the Maternity and Child Welfare Scheme demonstrate conclusively its increasing popularity. This is no doubt due to the improved health of previous recipients of the treatment.

(i) *Crippling Defects.*

(a) *Tuberculosis.* See page 10.

(b) *Dagenham Heathway Special School*, which continued to render valuable service, has been evacuated to " Dytchleys," Coxtie Green, near Brentwood, since the outbreak of war.

(c) *Orthopaedics.* The scheme has continued with Mr. B. Whitchurch Howell as Orthopaedic Surgeon. The war necessitated important changes in regard to Hospital Services, but the ascertainment consultations and after-care clinics have continued with comparatively little alteration. Ascertainment sessions number 53 and at these 1,094 attendances were made.

A further 263 attendances were made under the County Child Welfare Scheme and 206 by children from autonomous Child Welfare Authorities.

Hospital treatment was uninterrupted up to the end of August in co-operation with the various Hospitals participating in the Scheme. In September the Brookfield Hospital was closed down and the patients transferred to the L.C.C. Highwood Hospital, Brentwood, where 7 County cases still remain. Admissions to the Cheyne Hospital also ceased. The services provided at the Halstead Isolation Hospital to deal with cases of Infantile Paralysis and referred to in the report for 1938, have continued throughout the year with great success and benefit to the cases treated. At the end of the year 6 children of school or below school age remained.

After-treatment Centres, staffed by 3 whole-time and 2 part-time Masseuses, continued to render excellent service. 6,885 attendances were made at the 23 centres. This does not include the numbers in attendance from autonomous Child Welfare Authorities.

(d) *Rheumatic and Cardiac Disease.* The hope expressed in last year's report that we should be able to establish a Consultative Clinic for these conditions has unfortunately not matured.

(e) *Speech Defects.* During the year 78 children were under treatment by the Speech Therapist at the Speech Clinic at Dagenham. A Medical Officer attends regularly for examination of all children referred for treatment and keeps in constant touch with their progress. It is reported that in almost every case improvement was shown in confidence, school work and general demeanour.

(f) *Uncleanliness.* Table VI shows that 390,112 examinations were made by the School Nurses and 4,391 individual children were classed as unclean. Of these 2,849 were evacuees. In this connection see paragraph 3. Action was taken under the School Attendance Byelaws in one case. As long as one child is found unclean in School, this is one too many.

8. Infectious Diseases.

No schools were closed on account of infectious illnesses during the year. Reduced attendance certificates were issued in respect of 19 schools.

9. Open Air Education.

(a) *Classes.* The arranging of facilities in the surroundings of the schools has continued.

(b) *School Camps.* During the year, parties of children and teachers from 12 schools visited and stayed at camps in various parts of the country. In addition, parties from two schools visited Paris.

10. Physical Training.

Two additional women organisers of Physical Training have been appointed and took up their duties on the 1st April, 1939. Previously there had been four Organisers—one man and one woman with full-time, and one man and one woman with part-time appointments. Following this increase of staff, the County was re-divided for the organisation of Physical Training into five areas, each of which is under the supervision of an Organiser.

The work of the Organisers falls generally under two main headings:—
(1) The training of teachers, (2) Visits to schools in an advisory capacity. Other duties include the training of leaders for post-school work, and the visitation of evening classes in Physical Training which are arranged by the four Technical Colleges.

During the Spring and Summer Terms courses were held for Teachers in the various branches of Physical Training at eight centres throughout the County. All courses were cancelled in the Autumn Term as a result of the war. The Organisers also gave demonstrations at the Annual Refresher Course of the Romford & District Head Teachers Association and attended meetings of the Dagenham Fitness Committee in order to assist in making arrangements for the Fitness Campaign which was held at Dagenham in May, 1939.

11. Provision of Meals.

The schemes for the provision of meals in various parts of the County have been continued, although it must be remembered that several centres have been closed for short periods since September, 1939.

(1) *Mid-day meals* :—

(a) Dagenham Area.

Arrangements have continued under the supervision of the Care Committee at four Centres and 108,056 meals were provided.

(b) Romford Area.

Arrangements have continued at Centres in this area and the number of meals provided was 104,575.

(c) Thurrock Area.

Arrangements have continued at the Lansdowne Road Centre and 27,197 meals were provided during the year.

(d) Other Areas.

Arrangements for the provision of mid-day meals in many of the Senior Schools have been extended during the year and 62,584 meals were provided. Facilities are also available in some Junior Schools.

In other schools, arrangements are made for the issue of hot drinks to children who bring their mid-day meals to the School.

2. *Milk in Schools Scheme* :—

(a) Number of schools participating under the Milk Marketing Board Scheme 458. Number of children participating 31,316.

(b) Number of schools for evacuees under the Milk Marketing Board Scheme 78. Number of evacuees participating 4,799.

(c) Number of Schools not necessarily under the Milk Marketing Board Scheme 60. Number of children participating 2,508.

(d) Number of Schools for evacuees not necessarily under the Milk Marketing Board Scheme 31. Number of children participating 227.

12. Co-operation.

(a) *Parents.* The percentage of parents attending routine Examinations was 67%, and co-operation on the whole may be said to be good.

(b) *Others.* Thanks are also due to the Teachers, Attendance Officers, District Clerks, Care of Children Committees and various Voluntary bodies and Associations for much appreciated assistance in furthering the work in one way or another during the year.

13. Open Air Schools and Convalescent Homes.

The Grays Open Air Day School continued to render useful service up to September, when it was closed on the outbreak of hostilities.

331 children received treatment at various Open-Air Schools and Convalescent Homes throughout the Country during the year.

14. Nursery Schools.

These have not been established, but one Nursery School has been evacuated into Essex, viz., the North Islington Nursery School, evacuated to Wood Hall, Arkesden, nr. Saffron Walden. At present the London County Council are responsible for staffing and financial arrangements. There are also some day nursery and nursery classes, mainly in connection with evacuees.

15. Secondary Schools.

Up to the outbreak of war, Routine Inspection continued normally. From September on, as many of the larger schools are situated in the more populated areas, which are also the Evacuation Areas, a large percentage of these scholars were evacuated to reception areas both within the County and further afield, e.g., Barking to Somerset and Woodford to Bedford, &c.

Table 1S. shows that 5,767 scholars were subjected to Routine Examination, together with 969 specials and re-inspections.

The number of individual pupils referred for treatment exclusive of Nutritional defects and dental caries, was 629, or 17.84 per cent.

The arrangements with the Boroughs of Barking, Leyton and Walthamstow, to co-operate by examinations and treatment of pupils undergoing Secondary or Technical education in the Boroughs by the local Medical, Dental and Nursing Staffs, have continued, and a modified scheme was introduced in regard to the Borough of Ilford.

Table VS. Dental Treatment shows that 525 sessions were devoted to the work, 1,851 pupils were treated, making 4,134 attendances. There were 3,918 fillings as against 1,277 extractions, of which over one-third, namely, 468, were temporary teeth.

16. Parents' Payments.

These continued to be assessed on a definite scale.

17. Health Education and Propaganda.

The Medical, Nursing and Dental Staff have continued to assist in this.

18. Miscellaneous.

(a) *Teachers.* Special Medical Reports have been rendered on 12 teachers.

(b) *Employment of Children and Young Persons Regulations.* Examinations were carried out as required under these Regulations.

(c) *Children and Young Persons Act, 1933.*

(i) *Remand Homes.* Arrangements continue for Medical examination and supervision of admissions of boys to the Remand Home Harold Wood, and during 1939 medical examinations of 429 were carried out and reports supplied for the Justices. Similarly 5 girls were dealt with at the House of the Good Shepherd, Colchester,

(ii) *Boarded out Children.* Health Visitors and School Nurses have continued to supervise and visit homes of Foster Parents who receive children under the above Act. There are 53 children boarded out in the County under the care of the Education Committee.

(d) *Examination of Juveniles.* Arrangements for the examination of these at the Junior Instruction Centres at Dagenham and Grays have continued.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1939.

A.—ROUTINE MEDICAL INSPECTIONS

Number of Prescribed Group Inspections.

Entrants ..	..	..	..	..	..	..	..	8,750
Second Age Group ..	..	..	..	..	..	..	..	10,724
Third Age Group ..	..	..	..	..	..	..	..	10,141
				Total	..	..	..	29,615

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections ..	..	..	..	47,500
Evacuees ..	..	..	..	6,913
		Total	..	..

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	8750	366	4.18	8042	91.91	322	3.68	20	0.23
Second Age-group ..	10724	372	3.47	9958	92.86	384	3.58	10	0.09
Third Age-group ..	10141	602	5.94	9050	89.24	475	4.68	14	0.14
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
Total ..	29615	1340	4.52	27050	91.34	1181	3.99	44	0.15

TABLE III.

RETURN OF BLIND AND DEAF CHILDREN
not receiving education at present time suitable for their special needs.

Blind Children.

Children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children.

At a Public Elementary School.	At another Institution.	At no School or Institution.	Total.
Nil.	Nil.	Nil.	Nil.

Deaf Children.

Children whose hearing is so defective and whose speech and language are so little developed that they require education by methods used by deaf children without naturally acquired speech or language.

At a Public Elementary School.	At another Institution.	At no School or Institution.	Total.
1	—	2	3

TABLE IV. *

RETURN OF DEFECTS TREATED DURING 1939.

GROUP I.—MINOR AILMENTS (excluding Uncleanness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	30	—	30 (—)
(ii) Other	94 (2)	—	94 (2)
Ringworm-Body	165 (2)	1 (1)	166 (3)
Seabies	689 (32)	37 (36)	726 (68)
Impetigo	1947 (919)	279 (279)	2226 (1198)
Other skin disease	3932 (619)	164 (164)	4096 (783)
<i>Minor Eye Defects</i>	1245 (—)	2 (—)	1247 (—)
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	1506 (82)	28 (25)	1534 (107)
<i>Miscellaneous</i>	7875 (876)	468 (391)	8343 (1267)
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total	17483 (2532)	979 (896)	18462 (3428)

*Figures in brackets apply to Evacuees only.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ..	4428 (108)	17	4445 (108)
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	4428 (108)	17	4445 (108)
Total number of children for whom spectacles were			
(a) Prescribed	3028 (77)	4	3032 (77)
(b) Obtained	2741 (65)	2 (3)	2743 (68)

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.							
Received Operative Treatment.				Received other forms of Treatment.			
Under the Authority's Scheme —in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
694	63	1080	—	718	66	1102	—
1837 (6)		49		1886 (6)			2323
							4209 (6)

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	30	5	2544 (10)	—	—	20	2599 (10)

TABLE V.
Dental Defects

(1) Number of Children who were :—																																							
(a) Inspected by the Dentist :—																																							
Routine Age Groups	<table border="0"> <tr> <td>4 ..</td><td>302</td><td>(11)</td> </tr> <tr> <td>5 ..</td><td>3372</td><td>(98)</td> </tr> <tr> <td>6 ..</td><td>4316</td><td>(140)</td> </tr> <tr> <td>7 ..</td><td>4770</td><td>(184)</td> </tr> <tr> <td>8 ..</td><td>5780</td><td>(178)</td> </tr> <tr> <td>9 ..</td><td>5988</td><td>(195)</td> </tr> <tr> <td>10 ..</td><td>5702</td><td>(215)</td> </tr> <tr> <td>11 ..</td><td>5128</td><td>(210)</td> </tr> <tr> <td>12 ..</td><td>4051</td><td>(199)</td> </tr> <tr> <td>13 ..</td><td>4634</td><td>(194)</td> </tr> <tr> <td>14 ..</td><td>1669</td><td>(103)</td> </tr> <tr> <td>15 ..</td><td>87</td><td>(24)</td> </tr> </table>			4 ..	302	(11)	5 ..	3372	(98)	6 ..	4316	(140)	7 ..	4770	(184)	8 ..	5780	(178)	9 ..	5988	(195)	10 ..	5702	(215)	11 ..	5128	(210)	12 ..	4051	(199)	13 ..	4634	(194)	14 ..	1669	(103)	15 ..	87	(24)
4 ..	302	(11)																																					
5 ..	3372	(98)																																					
6 ..	4316	(140)																																					
7 ..	4770	(184)																																					
8 ..	5780	(178)																																					
9 ..	5988	(195)																																					
10 ..	5702	(215)																																					
11 ..	5128	(210)																																					
12 ..	4051	(199)																																					
13 ..	4634	(194)																																					
14 ..	1669	(103)																																					
15 ..	87	(24)																																					
(b) Specials	3999 (162)																																				
(c) Total (Routine and Specials)	49798 (1883)																																				
(2) Number found to require treatment	32287	(391)																																					
(3) Number actually treated ..	19627	(909)																																					
(4) Attendances made by children for treatment	39186	(1071)																																					
(5) Half-days devoted to :—																																							
Inspection ..	463	(23)	Total 5696 (172)																																				
Treatment ..	5233	(149)																																					
(6) Fillings :—																																							
Perm. Teeth	22122	(44)	Total 25771 (479)																																				
Temp. teeth	3649	(35)																																					
(7) Extractions :—																																							
Perm. teeth	7565	(252)	Total 42542 (955)																																				
Temp. teeth	34977	(703)																																					
(8) Administrations of general anaesthetics for extractions..	16649	(426)																																					
(9) Other Operations :—																																							
Perm. teeth	2804	(103)	Total 3479 (139)																																				
Temp. teeth	675	(36)																																					

TABLE VI.*

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	6
(ii) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	390112	
(iii) Number of individual children found unclean	...	...	...	...	...	4391 (2849)	
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Authority	...	...	...	...	...	Nil	
(v) Number of cases in which legal proceedings were taken :—							
(a) Under the Education Act, 1921	...	...	...	...	...	Nil	
(b) Under School Attendance Bye-laws	...	...	...	...	...	1	

*Figures in brackets apply to Evacuees only.

SECONDARY SCHOOLS. *

TABLE I. S

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1939.

A.—ROUTINE MEDICAL INSPECTION.

Number of Group Inspections.

Entrants	...	...	...	...	...	...	...	1,192
Second Age Group	...	...	...	...	...	...	...	2,862
Third Age Group	...	...	...	...	...	...	...	1,713
<hr/>								
			Total				...	5,767
<hr/>								

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re Inspections	...	...	...	...	969
<hr/>					

TABLE II. S

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	1192	50	4.19	1104	92.62	38	3.19	—	—
Second Age-group ..	2862	155	5.42	2630	91.89	77	2.69	—	—
Third Age-group ..	1713	110	6.42	1552	90.60	51	2.98	—	—
Total ..	5767	315	5.46	5286	91.66	166	2.88	—	—

TABLE IV. S
RETURN OF DEFECTS TREATED DURING 1939.
GROUP I.—MINOR AILMENTS.

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other	—	—	—
Ringworm-Body	—	—	—
Scabies	3	—	3
Impetigo	4	—	4
Other skin disease	29	—	29
<i>Minor Eye Defects</i>	42	—	42
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	39	—	39
<i>Miscellaneous</i>	742	—	742
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total	859	—	859

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ..	437 (17)	—	437 (17)
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	—	—	—
Total	437 (17)	—	437 (17)

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme .. ..	.. ..	.. ..	249 (10)
(b) Otherwise .. ..	.. ..	.. ..	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme .. ..	.. ..	.. ..	210 (9)
(b) Otherwise .. ..	.. ..	.. ..	— (1)

TABLE V. S—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were :—					(2) Attendances made by children for treatment 4134		
(a) Inspected by the Dentist :—					(3) Half-days devoted to :—		
Routine Age Groups					Inspection .. 37 Treatment .. 488 } Total .. 525		
5 .. 5 6 .. 9 7 .. 47 8 .. 98 9 .. 139 10 .. 95 11 .. 530 12 .. 638 13 .. 796 14 .. 743 15 .. 724 16 .. 323 17 .. 108 18 .. 38					(4) Fillings :—		
Total .. 4293					Permanent teeth 3859 Temporary teeth 59 } Total .. 3918		
Specials 150					(5) Extractions :—		
Total (Routine and Specials) .. 4443					Permanent teeth 809 Temporary teeth 468 } Total .. 1277		
(b) Found to require treatment .. 2904					(6) Administration of general anaesthetics for extractions 564		
Actually treated .. 1851					(7) Other operations :—		
					Permanent teeth 650 Temporary teeth 6 } Total .. 656		

